



# Incident Report

**Print Date/Time:** 09/27/2016 16:13  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00019018

**Incident Date/Time:** 9/24/2016 3:31:00 PM  
**Location:** 1920 S LAKE STEVENS RD  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 299-2520  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 4  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis
19R1	SS0144-Michael

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
2	Driver	ROBINSON, KATHY JANE	1020 103RD DR SE LAKE STEVENS WA 98258	(425) 210-2962	White	Female	12/02/1952
1	Reporting Party	EACRET, JILL	11904 2ND ST SE Lake Stevens WA 982587715			Female	05/13/1977

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	0	Cadillac	STS		AFP1512	WA
Involved Vehicle	Passenger Car	2002	Honda	CRV		987ZJJ	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

09/24/2016 : 15:43:18 SP0424 Narrative: 19R1 NO ANS AT DOOR

09/24/2016 : 15:35:09 SP0424 Narrative: RUN VEH RO ADDR 1020 103RD DR SE

09/24/2016 : 15:32:55 SP0400 Narrative: RP'S VEH IS BLK CADILLAC

09/24/2016 : 15:32:38 SP0400 Narrative: RUNNING VEH IS EITHER L/987ZJJ OR 988ZJJ ; BLU OLDER HONDA CRV

09/24/2016 : 15:31:50 SP0400 Narrative: CC, 10 AGO, PLOT H & R, SUS INFO

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E588639**CASE # **2016-00019018**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02** OBJECT  
STRUCKTRIBAL  
RESERVATIONDATE OF COLLISION **09** - **24** - **2016** TIME (2400) **1531** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
**1920 S LAKE STEVENS** BLOCK NO. ☒ **1900**  
MILE POSTDISTANCE **0** MILES **N** **E** **S** **W** OF (REFERENCE OR CROSS STREET)UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252102962**LAST NAME **ROBINSON** FIRST NAME **KATHY** MIDDLE INITIAL **J**STREET NEW ADDRESS **1020 103RD DR SE**CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ROBINKJ483RB** STATE **WA** SEX **F** D.O.B. **12** - **02** - **1952**ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # **987ZJJ** STATE **WA** VIN# **JHLRD78442C023958**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2002** MAKE **HOND** MODEL **CRV** STYLE **4H** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **KATHY ROBINSON 1020 103RD DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 4284 73 09 02**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252992520**LAST NAME **EACRET** FIRST NAME **JILL** MIDDLE INITIAL **M**STREET NEW ADDRESS **11904 2ND ST SE**CITY **LAKE STEVENS** ST **WA** ZIP **982587715**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **EACREJM238KL** STATE **WA** SEX **F** D.O.B. **05** - **13** - **1977**ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # **AFP1512** STATE **WA** VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE **CADI** MODEL **STS** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JILL EACRET 11904 2ND ST SE LAKE STEVENS WA 98258 D: 4252992520**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **METROPOLITAN 6880476992**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **STEVE WARBIS** BADGE OR ID # **112** AGENCY **WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E588639**CASE # **2016-00019018**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

**NARRATIVE**

Unit 1 was legally parked at Tom Thumb grocery. Unit 2 pulled into the same parking lot and parked near unit 1. Unit 1 backed out of it parking spot and struck Unit 2. The driver was observed on video exiting her vehicle and looking at the rear of Unit 2. The driver of Unit 1 then re entered her car and left the parking lot without leaving information. Driver of Unit 1 was later contacted and stated that she looked at Unit 2, but did not see any damage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**STEVE WARBIS**
**09-25-16 02:38 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**9/26/2016 10:51:22 PM**

BADGE OR ID #

**112**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**3:31 PM**

TIME POLICE ARRIVED

**3:35 PM**

REPORT NO. E588639

CASE # 2016-00019018

DATE AND TIME  
OF COLLISION 09/24/16 15:31

